PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL FOR TY 2005 X Application to provide a proportion of the provided provid	Effective on 12/08/2004.			Complete if Known					
First Named Inventor Examiner Name P. K. Tungsturthi		opriations Act, 2005 (H.	R. 4818).	Application Nun	nber	10/737290			
FOR FY 2005 First Named Inventor Examiner Name P. K. Tungaturth				Filing Date	1	December 15, 2003			
TOTAL AMOUNT OF PAYMENT Si 60.00 Attorney Docket No. ALEX-PO4-054				First Named Inv	entor I	Katherine S. Bowdish			
METHOD OF PAYMENT (check all that apply)	For FY 2005			Examiner Name		P. K. Tungaturthi			
METHOD OF PAYMENT (check all that apply) Check Credit Card	X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1643					
Check Credit Card Money Order None Other (please identify): Charge Check Charge	TOTAL AMOUNT OF PAYMENT (\$) 60.00			Attorney Docket No. ALEX-P04-054					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (chec	k all that apply)		· · · · · · · · · · · · · · · · · · ·					
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below Signature: Dated:

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AN 1 1 2006 B	PETITION FOR EXTENSION OF TIME UNDER 37 FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 20	Docket Number (Optional) ALEX-P04-054								
24 TRADEMARA	Application Number 10/737290	Filed December 15, 2003								
	For RATIONALLY DESIGNED ANTIBODIES									
	Art Unit 1643		Examiner P.	K. Tungaturthi						
l	This is a request under the provisions of 37 CFR 1.136 identified application. The requested extension and fee are as follows (check									
1		<u>Fee</u>	Small Entity Fee							
	x One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00						
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$						
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$						
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
	X Applicant claims small entity status. See 37 CFR 1.27.									
	A check in the amount of the fee is enclosed.									
	Payment by credit card. Form PTO-2038 is attached.									
	x The Director has already been authorized to charge fees in this application to a Deposit Account.									
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 I have enclosed a duplicate copy of this sheet.									
	I am the applicant/inventor.									
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
	x attorney or agent of record. Re									
	attorney or agent under 37 CFR									
	Registration number if acting und	er 37 CFR 1.34		_ ·						
	MANY MANUS Signature	 	January Da							
	Jennifer Holmes, Ph.D., J.D.		(617) 95							
	Typed or printed name		Telephone							
	NOTE: Signatures of all the inventors or assignees of record of the enternal than one signature is required, see below.	ire interest or their repr	esentative(s) are required. Subr	mit multiple forms if more						
	Total of 1 forms are submitte	i.								
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	I hereby certify that this correspondence is being deposited with	the U.S. Postal Serv	ice with sufficient postage a	s First Class Mail, in						
	an envelope addressed to: MS Amendment Commissioner for F shown below. Dated:	dria 6	50, Alexandria, VA 22313-1	450, on the date						
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